

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-029900

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 4

Primary Registration District No. \_\_\_\_\_

Registrar's No. 79

1. PLACE OF DEATH a. COUNTY <u>Atchison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Nebraska</u> b. COUNTY <u>Otoe</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Benton Twp.</u>		c. CITY OR TOWN <u>Nebraska City, Neb.</u>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>none</u>		d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>James Aaron Spidell</u>		4. DATE OF DEATH Month Day Year <u>8 27 1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-1-1937</u>
9. AGE (last birthday) <u>25</u>		IF UNDER 1 YEAR Months Days Hours Min. <u>6 26</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Foreman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Brick Yard</u>	11. BIRTHPLACE (City and state or country) <u>Nebraska City, US</u>
12. CITIZEN OF WHAT COUNTRY <u>US</u>		13a. FATHER'S NAME <u>John Spidell</u>	
13b. MOTHER'S MAIDEN NAME <u>Evelyn Harl</u>		14. NAME OF HUSBAND OR WIFE <u>Nancy Spidell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>yes 1-28-56 5-21-59</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	
17. INFORMANT <u>Mrs Nancy Spidell, Nebraska City, Neb.</u>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>DROWNING</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. <u>5:10 p.m. Aug 27 62</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION <u>Nebraska City, Neb.</u>		20f. COUNTY <u>Otoe</u>	
20g. STATE <u>Nebraska</u>		20h. CITY, TOWN, OR LOCATION <u>Nebraska City, Neb.</u>	
20i. COUNTY <u>Otoe</u>		20j. STATE <u>Nebraska</u>	
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred on _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>[Signature]</u> (Degree or title)		22b. ADDRESS <u>Rock Port, Mo</u>	
22c. DATE SIGNED <u>8-31-62</u>		22d. CITY, TOWN, OR COUNTY <u>Nebraska City, Neb.</u>	
22e. STATE <u>Nebraska</u>		22f. COUNTY <u>Otoe</u>	
22g. CITY, TOWN, OR LOCATION <u>Nebraska City, Neb.</u>		22h. STATE <u>Nebraska</u>	
22i. COUNTY <u>Otoe</u>		22j. CITY, TOWN, OR LOCATION <u>Nebraska City, Neb.</u>	
22k. STATE <u>Nebraska</u>		22l. COUNTY <u>Otoe</u>	
22m. CITY, TOWN, OR LOCATION <u>Nebraska City, Neb.</u>		22n. STATE <u>Nebraska</u>	
22o. COUNTY <u>Otoe</u>		22p. CITY, TOWN, OR LOCATION <u>Nebraska City, Neb.</u>	
22q. STATE <u>Nebraska</u>		22r. COUNTY <u>Otoe</u>	
22s. CITY, TOWN, OR LOCATION <u>Nebraska City, Neb.</u>		22t. STATE <u>Nebraska</u>	
22u. COUNTY <u>Otoe</u>		22v. CITY, TOWN, OR LOCATION <u>Nebraska City, Neb.</u>	
22w. STATE <u>Nebraska</u>		22x. COUNTY <u>Otoe</u>	
22y. CITY, TOWN, OR LOCATION <u>Nebraska City, Neb.</u>		22z. STATE <u>Nebraska</u>	
22aa. COUNTY <u>Otoe</u>		22ab. CITY, TOWN, OR LOCATION <u>Nebraska City, Neb.</u>	
22ac. STATE <u>Nebraska</u>		22ad. COUNTY <u>Otoe</u>	
22ae. CITY, TOWN, OR LOCATION <u>Nebraska City, Neb.</u>		22af. STATE <u>Nebraska</u>	
22ag. COUNTY <u>Otoe</u>		22ah. CITY, TOWN, OR LOCATION <u>Nebraska City, Neb.</u>	
22ai. STATE <u>Nebraska</u>		22aj. COUNTY <u>Otoe</u>	
22ak. CITY, TOWN, OR LOCATION <u>Nebraska City, Neb.</u>		22al. STATE <u>Nebraska</u>	
22am. COUNTY <u>Otoe</u>		22an. CITY, TOWN, OR LOCATION <u>Nebraska City, Neb.</u>	
22ao. STATE <u>Nebraska</u>		22ap. COUNTY <u>Otoe</u>	
22aq. CITY, TOWN, OR LOCATION <u>Nebraska City, Neb.</u>		22ar. STATE <u>Nebraska</u>	
22as. COUNTY <u>Otoe</u>		22at. CITY, TOWN, OR LOCATION <u>Nebraska City, Neb.</u>	
22au. STATE <u>Nebraska</u>		22av. COUNTY <u>Otoe</u>	
22aw. CITY, TOWN, OR LOCATION <u>Nebraska City, Neb.</u>		22ax. STATE <u>Nebraska</u>	
22ay. COUNTY <u>Otoe</u>		22az. CITY, TOWN, OR LOCATION <u>Nebraska City, Neb.</u>	
22ba. STATE <u>Nebraska</u>		22bb. COUNTY <u>Otoe</u>	
22bc. CITY, TOWN, OR LOCATION <u>Nebraska City, Neb.</u>		22bd. STATE <u>Nebraska</u>	
22be. COUNTY <u>Otoe</u>		22bf. CITY, TOWN, OR LOCATION <u>Nebraska City, Neb.</u>	
22bg. STATE <u>Nebraska</u>		22bh. COUNTY <u>Otoe</u>	
22bi. CITY, TOWN, OR LOCATION <u>Nebraska City, Neb.</u>		22bj. STATE <u>Nebraska</u>	
22bk. COUNTY <u>Otoe</u>		22bl. CITY, TOWN, OR LOCATION <u>Nebraska City, Neb.</u>	
22bm. STATE <u>Nebraska</u>		22bn. COUNTY <u>Otoe</u>	
22bo. CITY, TOWN, OR LOCATION <u>Nebraska City, Neb.</u>		22bp. STATE <u>Nebraska</u>	
22bq. COUNTY <u>Otoe</u>		22br. CITY, TOWN, OR LOCATION <u>Nebraska City, Neb.</u>	
22bs. STATE <u>Nebraska</u>		22bt. COUNTY <u>Otoe</u>	
22bu. CITY, TOWN, OR LOCATION <u>Nebraska City, Neb.</u>		22bv. STATE <u>Nebraska</u>	
22bw. COUNTY <u>Otoe</u>		22bx. CITY, TOWN, OR LOCATION <u>Nebraska City, Neb.</u>	
22by. STATE <u>Nebraska</u>		22bz. COUNTY <u>Otoe</u>	
22ca. CITY, TOWN, OR LOCATION <u>Nebraska City, Neb.</u>		22cb. STATE <u>Nebraska</u>	
22cc. COUNTY <u>Otoe</u>		22cd. CITY, TOWN, OR LOCATION <u>Nebraska City, Neb.</u>	
22ce. STATE <u>Nebraska</u>		22cf. COUNTY <u>Otoe</u>	
22cg. CITY, TOWN, OR LOCATION <u>Nebraska City, Neb.</u>		22ch. STATE <u>Nebraska</u>	
22ci. COUNTY <u>Otoe</u>		22cj. CITY, TOWN, OR LOCATION <u>Nebraska City, Neb.</u>	
22ck. STATE <u>Nebraska</u>		22cl. COUNTY <u>Otoe</u>	
22cm. CITY, TOWN, OR LOCATION <u>Nebraska City, Neb.</u>		22cn. STATE <u>Nebraska</u>	
22co. COUNTY <u>Otoe</u>		22cp. CITY, TOWN, OR LOCATION <u>Nebraska City, Neb.</u>	
22cq. STATE <u>Nebraska</u>		22cr. COUNTY <u>Otoe</u>	
22cs. CITY, TOWN, OR LOCATION <u>Nebraska City, Neb.</u>		22ct. STATE <u>Nebraska</u>	
22cu. COUNTY <u>Otoe</u>		22cv. CITY, TOWN, OR LOCATION <u>Nebraska City, Neb.</u>	
22cw. STATE <u>Nebraska</u>		22cx. COUNTY <u>Otoe</u>	
22cy. CITY, TOWN, OR LOCATION <u>Nebraska City, Neb.</u>		22cz. STATE <u>Nebraska</u>	
22da. COUNTY <u>Otoe</u>		22db. CITY, TOWN, OR LOCATION <u>Nebraska City, Neb.</u>	
22dc. STATE <u>Nebraska</u>		22dd. COUNTY <u>Otoe</u>	
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22di. STATE <u>Nebraska</u>		22dj. COUNTY <u>Otoe</u>	
22dk. CITY, TOWN, OR LOCATION <u>Nebraska City, Neb.</u>		22dl. STATE <u>Nebraska</u>	
22dm. COUNTY <u>Otoe</u>		22dn. CITY, TOWN, OR LOCATION <u>Nebraska City, Neb.</u>	
22do. STATE <u>Nebraska</u>		22dp. COUNTY <u>Otoe</u>	
22dq. CITY, TOWN, OR LOCATION <u>Nebraska City, Neb.</u>		22dr. STATE <u>Nebraska</u>	
22ds. COUNTY <u>Otoe</u>		22dt. CITY, TOWN, OR LOCATION <u>Nebraska City, Neb.</u>	
22du. STATE <u>Nebraska</u>		22dv. COUNTY <u>Otoe</u>	
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22de. STATE <u>Nebraska</u>		22df. COUNTY <u>Otoe</u>	
22de. CITY, TOWN, OR LOCATION			

SEP 7 1962  
SEP 11 1962  
SEP 17 1962

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by This Body Was Not Embalmed, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Gratz Barchaloun

Licensed Embalmer No. 3173

P. O. Address Rock Port Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.